

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

REPUBLICAN PARTY OF LOUISIANA

ADDRESS (number and street)

C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER, SUITE 4400

☐ Check if different than previously reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00187450

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. DANIEL G. KYLE

Signature of Treasurer

Mr. DANIEL G. KYLE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

REPUBLICAN PARTY OF LOUISIANA

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="186212.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="186212.22"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="111121.06"/>	<input type="text" value="111121.06"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="297333.28"/>	<input type="text" value="297333.28"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="182176.40"/>	<input type="text" value="182176.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="115156.88"/>	<input type="text" value="115156.88"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="3800.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

REPUBLICAN PARTY OF LOUISIANA

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y
01	/	31	/	2015

**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1270.00

1270.00

(ii) Unitemized .....

19077.00

19077.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

20347.00

20347.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

20347.00

20347.00

## 12. Transfers From Affiliated/Other

Party Committees.....

75692.08

75692.08

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

15081.98

15081.98

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

15081.98

15081.98

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

111121.06

111121.06

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

96039.08

96039.08

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	7738.92	7738.92
(ii) Non-Federal Share.....	13758.07	13758.07
(b) Other Federal Operating Expenditures .....	54793.99	54793.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	76290.98	76290.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	105885.42	105885.42
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	105885.42	105885.42
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	182176.40	182176.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	168418.33	168418.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20347.00	20347.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20347.00	20347.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	62532.91	62532.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	62532.91	62532.91

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

This report is amended to correct the H1 Federal/Nonfederal allocation fixed percentage. Schedule H4 is corrected accordingly.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. ROBERT CULPEPPER**

Mailing Address 3916 JACKSON STREET EXT

City State Zip Code  
 ALEXANDRIA LA 71303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

OPTOMETRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

Transaction ID : SA11AI.27937

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MRS LAEL A FRUEN**

Mailing Address PO BOX 2706

City State Zip Code  
 TELLURIDE CO 81435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2015

Transaction ID : SA11AI.27776

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

**C. MRS. ELEANOR HOOVER**

Mailing Address 612 BELLE MEADE BLVD

City State Zip Code  
 NASHVILLE TN 37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2015

Transaction ID : SA11AI.27208

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1020.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 60  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. PAUL RODTS-PALENIK**

Mailing Address 809 S BEAU PRE RD

City

LAFAYETTE

State

LA

Zip Code

70508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.27917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

1270.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 60

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE**

Mailing Address 10 WATER STREET

City	State	Zip Code
CONCORD	NH	03301

FEC ID number of contributing federal political committee.

**C** C00136457

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24102.41

Date of Receipt

**01** / **28** / **2015**

Transaction ID : SA12.26611

Amount of Each Receipt this Period

24102.41

IN-KIND PERSONNEL

Full Name (Last, First, Middle Initial)

## **B. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA**

Mailing Address 112 STATE STREET

City	State	Zip Code
HARRISBURG	PA	17101

FEC ID number of contributing federal political committee.

**C** C00044842

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

48807.49

Date of Receipt

**01** / **20** / **2015**

Transaction ID : SA12.26609

Amount of Each Receipt this Period

48807.49

IN-KIND-PERSONNEL

Full Name (Last, First, Middle Initial)

## **C. SOUTH CAROLINA REPUBLICAN PARTY**

Mailing Address P.O. BOX 12373

City	State	Zip Code
COLUMBIA	SC	29211

FEC ID number of contributing federal political committee.

**C** C00034033

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.20

Date of Receipt

**01** / **30** / **2015**

Transaction ID : SA12.26615

Amount of Each Receipt this Period

743.20

IN-KIND-TRAVEL &amp; TRANSPORTATION-FLIGHTS

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

73653.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 60

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. SOUTH CAROLINA REPUBLICAN PARTY**

Mailing Address P.O. BOX 12373

City State Zip Code  
 COLUMBIA SC 29211

FEC ID number of contributing  
federal political committee.

**C** C00034033

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2782.18

Date of Receipt

**01 / 30 / 2015**

**Transaction ID : SA12.26617**

Amount of Each Receipt this Period

2038.98

IN-KIND-PERSONNEL

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2038.98

75692.08



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF LOUISIANA**

### A. ALBERTSONS

City	State	Zip Code
LAFAYETTE	LA	80503

Transaction ID : SB21B.26742

68.83

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

### B. AMEX

MM / DD / YYYY

Mailing Address 777 AMERICAN EXPRESS WAY

City	State	Zip Code
FT LAUDERDALE	FL	33336

Transaction ID : SB21B.26654

Purpose of Disbursement	AMEX PAYMENT(SEE MEMO ENTRIES)
-------------------------	--------------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

### C. AMEX

Date of Disbursement

Mailing Address 777 AMERICAN EXPRESS WAY

City	State	Zip Code
FT LAUDERDALE	FL	33336

Transaction ID : SB21B.26660

Purpose of Disbursement	AMEX PAYMENT:MERCHANT FEES
-------------------------	----------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

588.32

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 60

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. AMEX**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	1	5		

Mailing Address 777 AMERICAN EXPRESS WAY

City State Zip Code  
**FT LAUDERDALE FL 33336**
**Transaction ID : SB21B.26661**Purpose of Disbursement  
AMEX PAYMENT(SEE MEMO ENTRIES)

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3168.28

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. BALDWIN HASPEL BURKE & MAYER LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	1	5		

Mailing Address 1100 POYDRAS STREET

City State Zip Code  
**ENERGY CENTER LA 70163**
**Transaction ID : SB21B.26674**Purpose of Disbursement  
LEGAL CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

624.00

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. BATON ROUGE PARKING LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	1	5		

Mailing Address 7185 SCOBELL DRIVE

City State Zip Code  
**BATON ROUGE LA 70806**
**Transaction ID : SB21B.26656**Purpose of Disbursement  
AMEX PAYMENT:TRAVEL PARKING

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

8.00

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3792.28

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. BLUE CROSS BLUE SHIELD**

Mailing Address PO BOX 261798

City	State	Zip Code
BATON ROUGE	LA	70826

Purpose of Disbursement  
NICHOLS REIMBURSEMENT HEALTH INSURANCE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26731**

Amount of Each Disbursement this Period

359.20
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. CAFFE CAFFE**

Mailing Address 4301 CLEARVIEW PKWY

City	State	Zip Code
METAIRIE	LA	70006

Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26717**

Amount of Each Disbursement this Period

32.30
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. CARRETA'S GRILL**

Mailing Address 2320 VETERANS BLVD

City	State	Zip Code
METAIRIE	LA	70005

Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26704**

Amount of Each Disbursement this Period

66.03
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. CARRETA'S GRILL**

Mailing Address 2320 VETERANS BLVD

City	State	Zip Code
METAIRIE	LA	70005

Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26718**

Amount of Each Disbursement this Period

48.48
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. CHATEAU COUNTRY CLUB**

Mailing Address 3600 CHATEAU BLVD

City	State	Zip Code
KENNER	LA	70062

Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26698**

Amount of Each Disbursement this Period

30.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. CHEVRON**

Mailing Address 1808 E PINHOOK RD

City	State	Zip Code
LAFAYETTE	LA	70503

Purpose of Disbursement  
AMEX PAYMENT:TRAVEL FUEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2015

**Transaction ID : SB21B.26668**

Amount of Each Disbursement this Period

154.60
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN PARTY OF LOUISIANA

### A. CHEVRON

Mailing Address 1808 E PINHOOK RD

City	State	Zip Code
LAFAYETTE	LA	70503

Purpose of Disbursement  
VISA PAYMENT:TRAVEL FUEL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.26747

Amount of Each Disbursement this Period

12.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## B. COMMUNICATIONS CORPORATION OF AMERICA

Mailing Address 13195 FREEDOM WAY

City	State	Zip Code
BOSTON	MA	22713

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.26676

Amount of Each Disbursement this Period

6200.32

Full Name (Last, First, Middle Initial)

### C. COMMUNICATIONS CORPORATION OF AMERICA

Mailing Address 13195 FREEDOM WAY

City	State	Zip Code
BOSTON	MA	22713

Purpose of Disbursement	DIRECT MAIL PRINTING
-------------------------	----------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.26677

Amount of Each Disbursement this Period

2929.75

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9130.07



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 60

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. CREATIVE DIRECT LLC**

Mailing Address 25 E. MAIN STREET

City RICHMOND      State VA      Zip Code 23219

Purpose of Disbursement  
DIRECT MAIL PRINTING - NO IDENTIFIED CANDIDATE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2015
**Transaction ID : SB21B.26678**

Amount of Each Disbursement this Period

1495.00

Full Name (Last, First, Middle Initial)

**B. DS SERVICES STANDARD COFFEE**

Mailing Address 4535 BENNINGTON AVE

City BATON ROUGE      State LA      Zip Code 70808

Purpose of Disbursement  
VISA PAYMENT:TRAVEL FOOD

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 14 / 2015
**Transaction ID : SB21B.26741**

Amount of Each Disbursement this Period

86.55

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD.

City IRVING      State TX      Zip Code 75039

Purpose of Disbursement  
AMEX PAYMENT:TRAVEL FUEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 09 / 2015
**Transaction ID : SB21B.26665**

Amount of Each Disbursement this Period

133.40

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1495.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN PARTY OF LOUISIANA

### A. EXXON MOBIL

City	State	Zip Code
IRVING	TX	75039

Transaction ID : SB21B.26746

Age Group	Percentage
18-24	10.02
25-34	10.02
35-44	10.02
45-54	10.02
55-64	10.02
65-74	10.02
75-84	10.02
85+	40.02

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## B. FACEBOOK

MM / DD / YYYY

City	State	Zip Code
MENLO PARK	CA	94025

Transaction ID : SB21B.26672

570.67

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. FLS CONNECT LLC**

City	State	Zip Code
SAINT PAUL	MN	55128

Transaction ID : SB21B.26682

11653.00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional).....

11653.00

**TOTAL** This Period (last page this line number only).....

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

REPUBLICAN PARTY OF LOUISIANA

**A. FLS CONNECT LLC**

Date of Disbursement

Transaction ID : SB21B.26683

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

12855.55

Full Name (Last, First, Middle Initial)

### B. GALATOIRE'S RESTAURANT

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.26657

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

53.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. GOOGLE**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.26663

Amount of Each Disbursement this Period

Category/  
TypeCategory/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]

12855.55

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 60

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. GULF COAST OFFICE PRODUCTS**

Mailing Address 10424 PLAZA AMERICANA DR

City State Zip Code  
 BATON ROUGE LA 70816

Purpose of Disbursement  
 VISA PAYMENT:PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
 01 / 14 / 2015

**Transaction ID : SB21B.26745**

Amount of Each Disbursement this Period

185.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. HERTZ**

Mailing Address 7100 TERMINAL DRIVE

City State Zip Code  
 OKLAHOMA CITY OK 73159

Purpose of Disbursement  
 VILLERE REIMBURSEMENT:TRAVEL CAR RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
 01 / 16 / 2015

**Transaction ID : SB21B.26727**

Amount of Each Disbursement this Period

286.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. HILTON RIVER BLENDS**

Mailing Address 2 POYDRAS ST

City State Zip Code  
 NEW ORLEANS LA 70130

Purpose of Disbursement  
 AMEX PAYMENT:TRAVEL LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
 01 / 09 / 2015

**Transaction ID : SB21B.26655**

Amount of Each Disbursement this Period

168.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. IBERIA BANK**

Mailing Address 3700 ESSEN LANE

City	State	Zip Code
BATON ROUGE	LA	70809

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2015

**Transaction ID : SB21B.26685**

Amount of Each Disbursement this Period

426.73
--------

Full Name (Last, First, Middle Initial)

**B. JAM-S PO-BOYS**

Mailing Address 612 SENA DR

City	State	Zip Code
METAIRIE	LA	70005

Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26715**

Amount of Each Disbursement this Period

37.79
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. JIMMY JOHNS**

Mailing Address 2920 JOHNSTON ST

City	State	Zip Code
LAFAYETTE	LA	70503

Purpose of Disbursement  
AMEX PAYMENT:TRAVEL FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2015

**Transaction ID : SB21B.26659**

Amount of Each Disbursement this Period

10.00
-------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

426.73
--------

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN PARTY OF LOUISIANA

### A. LA POLITICS WEEKLY

Date of Disbursement

Transaction ID : SB21B.26689

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

930.00

Full Name (Last, First, Middle Initial)

## B. LONGHORN

Mailing Address 69368 HWY 21

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.26711

Candidate Name

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	58.00
25-34	52.00
35-44	48.00
45-54	42.00
55-64	38.00
65-74	32.00
75-84	28.00
85+	12.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

### C. LOUISIANA OFFICE SUPPLY

Date of Disbursement

Mailing Address 7643 FLORIDA BLVD

Transaction ID : SB21B.26744

Candidate Name

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

106.34

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

930.00

**TOTAL** This Period (last page this line number only).....





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MELE PRINTING COMPANY**

Mailing Address 619 N TYLER ST

City	State	Zip Code
COVINGTON	LA	70433

Purpose of Disbursement  
AMEX PAYMENT:PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2015

**Transaction ID : SB21B.26669**

Amount of Each Disbursement this Period

628.22
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. MR. ROO'S DELI & CATERING**

Mailing Address 3501 SERVEN AVE STE 1-A

City	State	Zip Code
METAIRIE	LA	70002

Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26702**

Amount of Each Disbursement this Period

25.10
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. NEW ORLEANS COUNTRY CLUB**

Mailing Address 3207 BELMONT PLACE Apt 210

City	State	Zip Code
METAIRIE	LA	70002

Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26697**

Amount of Each Disbursement this Period

30.00
-------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

REPUBLICAN PARTY OF LOUISIANA

### A. SPENCER NICHOLS

Category/  
Type

647.92

State:  District:

## B. SPENCER NICHOLS

MM / DD / YYYY

Category/  
Type

State:  District:

288.72

**[MEMO ITEM]**

### C. OAK POINT FRESH MARKET

Category/  
Type

State:  District:

10.43

[MEMO ITEM]

647.92

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF LOUISIANA**

### A. PORTICO

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement	AMEX PAYMENT:TRAVEL FOOD
-------------------------	--------------------------

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## B. RACETRAC 249

City	State	Zip Code
GEISMAR	LA	70734

Transaction ID : SB21B.26681

Purpose of Disbursement	HUFFAKER REIMBURSEMENT:TRAVEL:FUEL
-------------------------	------------------------------------

53.43

Candidate Name

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]

State:  District:

Full Name (Last, First, Middle Initial)

### C. SHELL

City	State	Zip Code
BATON ROUGE	LA	70810

Transaction ID : SB21B.26721

Purpose of Disbursement	VILLERE REIMBURSEMENT:TRAVEL FUEL
-------------------------	-----------------------------------

Category	Percentage
Students who did not pass the exam	35.24%

Candidate Name

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address ONE SHELL PLAZA

City  
HOUSTONState  
TXZip Code  
77002Purpose of Disbursement  
AMEX PAYMENT:TRAVEL FUEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2015

**Transaction ID : SB21B.26658**

Amount of Each Disbursement this Period

62.64
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. SHOGUN RESTAURANT**

Mailing Address 2325 VETERANS BLVD

City  
METAIRIEState  
LAZip Code  
70002Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FOOD

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26699**

Amount of Each Disbursement this Period

115.48
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. SHOGUN RESTAURANT**

Mailing Address 2325 VETERANS BLVD

City  
METAIRIEState  
LAZip Code  
70002Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FOOD

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB21B.26720**

Amount of Each Disbursement this Period

74.81
-------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF LOUISIANA**

### A. SOHO ASIAN CUISINE

Date of Disbursement

Transaction ID : SB21B.26723

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

40.96

[MEMO ITEM]

## B. SOUTH CAROLINA REPUBLICAN PARTY

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.26616

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

743.20

### C. SOUTHWEST AIRLINES

Date of Disbursement

Transaction ID : SB21B.26728

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

391.20

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

743.20



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

REPUBLICAN PARTY OF LOUISIANA

### A. UNITED AIRLINES

Category/  
Type

514.70

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

## B. US POSTAL SERVICE

MM / DD / YYYY

Category/  
Type

500.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

### C. USPS

Category/  
Type

500.00

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼	
	<input type="checkbox"/> President			
State:	District:			

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 60

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. VERVEMAIL**

Mailing Address 5348 VEGAS DR. STE. 289

City LAS VEGAS      State NV      Zip Code 89108

Purpose of Disbursement  
WEB DEVELOPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2015
**Transaction ID : SB21B.26734**

Amount of Each Disbursement this Period

728.09

Full Name (Last, First, Middle Initial)

**B. VETERANS SHELL**

Mailing Address 1101 VETERANS BLVD

City METAIRIE      State LA      Zip Code 70002

Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FUEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2015
**Transaction ID : SB21B.26701**

Amount of Each Disbursement this Period

24.50

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. VETERANS SHELL**

Mailing Address 1101 VETERANS BLVD

City METAIRIE      State LA      Zip Code 70002

Purpose of Disbursement  
VILLERE REIMBURSEMENT:TRAVEL FUEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2015
**Transaction ID : SB21B.26709**

Amount of Each Disbursement this Period

34.77

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

728.09



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

REPUBLICAN PARTY OF LOUISIANA

### A. VETERANS SHELL

Date of Disbursement

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '16'. The third display is labeled 'Y Y Y Y' and shows the year '2015'.

Transaction ID : SB21B.26712

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## B. VETERANS SHELL

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.26713

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

### C. VETERANS SHELL

Date of Disbursement

Transaction ID : SB21B.26722

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]

0.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

REPUBLICAN PARTY OF LOUISIANA

**A. MR. ROGER VILLERE**

Mailing Address 838 AURORA ST

City	State	Zip Code
METAIRIE	LA	70005

Purpose of Disbursement	VILLERE REIMBURSEMENT:(SEE MEMO ENTRIES)
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Three 7-segment displays are shown, each with a label above it. The first display shows '01', the second shows '16', and the third shows '2015'. Each display has a label above it: 'M M' for the first, 'D D' for the second, and 'Y Y Y Y' for the third. The displays are separated by slashes.

Transaction ID : SB21B.26693

Amount of Each Disbursement this Period



1658.47

## B. VISA BUSINESS

Mailing Address P.O. BOX 23078

City	State	Zip Code
COLUMBUS	GA	31902

Purpose of Disbursement	VISA PAYMENT:MERCHANT FEES
-------------------------	----------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.26736

Amount of Each Disbursement this Period

35.99

**[MEMO ITEM]**

### C. VISA BUSINESS

Mailing Address P.O. BOX 23078

City	State	Zip Code
COLUMBUS	GA	31902

Purpose of Disbursement	VISA PAYMENT:(SEE MEMO ENTRIES)
-------------------------	---------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.26739

Amount of Each Disbursement this Period

593.01

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2251.48

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. VISA BUSINESS**

Mailing Address P.O. BOX 23078

City	State	Zip Code
COLUMBUS	GA	31902

Purpose of Disbursement  
VISA PAYMENT:MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2015

**Transaction ID : SB21B.26748**

Amount of Each Disbursement this Period

Amount	82.91
--------	-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. WUFOO.COM**

Mailing Address 285 HAMILTON AVE

City	State	Zip Code
PALO ALTO	CA	94301

Purpose of Disbursement  
AMEX PAYMENT:WEB HOSTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2015

**Transaction ID : SB21B.26671**

Amount of Each Disbursement this Period

Amount	29.95
--------	-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

Amount	0.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

Amount	0.00
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Amount	54647.82
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	30b

REPUBLICAN PARTY OF LOUISIANA

### A. BLUE CROSS BLUE SHIELD

Mailing Address PO BOX 261798

City	State	Zip Code
BATON ROUGE	LA	70826

Purpose of Disbursement	STIDHAM REIMBURSEMENT:HEALTH INSURANCE
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, and a mix). The first display shows '01', the second shows '16', and the third shows '2015'. The displays are arranged horizontally and separated by slashes.

Transaction ID : SB30B.26774

Amount of Each Disbursement this Period

134.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## B. DUSTIN BREWSTER

Mailing Address 550 LEE DR APT 235

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB30B.26749

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. LUNDEN ALYSSA CHENEVERT

Mailing Address 530 LAKE LAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB30B.26775

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

750.00





**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. HUNTER HALL**

Mailing Address 38129 SPRINGWOOD AVE

City	State	Zip Code
PRARIEVILLE	LA	70769

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2015

**Transaction ID : SB30B.26757**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. HUNTER HALL**

Mailing Address 38129 SPRINGWOOD AVE

City	State	Zip Code
PRARIEVILLE	LA	70769

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2015

**Transaction ID : SB30B.26768**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ERIN HUFFAKER**

Mailing Address 3858 SOUTHPASS AVE

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2015

**Transaction ID : SB30B.26758**

Amount of Each Disbursement this Period

1500.00
---------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. ERIN HUFFAKER**

Mailing Address 3858 SOUTHPASS AVE

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
HUFFAKER REIMBURSEMENT: INSURANCE STIPEND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2015

**Transaction ID : SB30B.26750**

Amount of Each Disbursement this Period

200.00
--------

Full Name (Last, First, Middle Initial)

**B. ERIN HUFFAKER**

Mailing Address 3858 SOUTHPASS AVE

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SB30B.26769**

Amount of Each Disbursement this Period

1500.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement  
PAYROLL SERVICES/TAX(SEE MEMO ENTRIES)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

**Transaction ID : SB30B.26751**

Amount of Each Disbursement this Period

15015.52
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15215.52
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF LOUISIANA

Full Name (Last, First, Middle Initial)

**A. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2015

Transaction ID : SB30B.26752

Amount of Each Disbursement this Period

1313.85
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2015

Transaction ID : SB30B.26753

Amount of Each Disbursement this Period

75.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement  
PAYROLL SERVICES/TAX(SEE MEMO ENTRIES)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2015

Transaction ID : SB30B.26762

Amount of Each Disbursement this Period

14837.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14837.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2015

**Transaction ID : SB30B.26763**

Amount of Each Disbursement this Period

1135.33
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2015

**Transaction ID : SB30B.26764**

Amount of Each Disbursement this Period

75.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE**

Mailing Address 10 WATER STREET

City	State	Zip Code
CONCORD	NH	03301

Purpose of Disbursement  
SEE LINE 12 TRANS ID SB12-26611 IN-KIND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2015

**Transaction ID : SB30B.26612**

Amount of Each Disbursement this Period

24102.41
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

24102.41
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. GARY SPENCER NICHOLS**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2015

**Transaction ID : SB30B.26759**

Amount of Each Disbursement this Period

1916.67
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. GARY SPENCER NICHOLS**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2015

**Transaction ID : SB30B.26770**

Amount of Each Disbursement this Period

1916.67
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA**

Mailing Address 112 STATE STREET

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement  
SEE LINE 12 TRANS ID SB12-26609 IN-KIND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2015

**Transaction ID : SB30B.26610**

Amount of Each Disbursement this Period

48807.49
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

48807.49
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. SOUTH CAROLINA REPUBLICAN PARTY**

Mailing Address P.O. BOX 12373

City	State	Zip Code
COLUMBIA	SC	29211

Purpose of Disbursement  
SEE LINE 12 TRANS ID SB12-26617 IN-KIND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

**Transaction ID : SB30B.26618**

Amount of Each Disbursement this Period

2038.98
---------

Full Name (Last, First, Middle Initial)

**B. JEFFREY BRANT STIDHAM**

Mailing Address 13322 BRIARGROVE DRIVE

City	State	Zip Code
BATON ROUGE	LA	70810

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

**Transaction ID : SB30B.26760**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. JEFFREY BRANT STIDHAM**

Mailing Address 13322 BRIARGROVE DRIVE

City	State	Zip Code
BATON ROUGE	LA	70810

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SB30B.26771**

Amount of Each Disbursement this Period

1250.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2038.98
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. KRISTY L. WILKINSON**

Mailing Address 822 LOUISIANA AVE APT 822B

City	State	Zip Code
NEW ORLEANS	LA	70115

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

**Transaction ID : SB30B.26761**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. KRISTY L. WILKINSON**

Mailing Address 822 LOUISIANA AVE APT 822B

City	State	Zip Code
NEW ORLEANS	LA	70115

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

**Transaction ID : SB30B.26772**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

0.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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105751.40
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**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 46 OF 60

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF LOUISIANA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**JAMESTOWN ASSOCIATES**

Nature of Debt (Purpose):

FEA VOLUNTEER MASS MAIL

Mailing Address 5 MAPLETON ROAD  
SUITE 300City State Zip Code  
PRINCETON NJ 08540

Outstanding Balance Beginning This Period

3800.00

Transaction ID : SD10.5463

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

3800.00

2) **TOTALS** This Period (last page this line number only)..... ►

3800.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

3800.00

**SCHEDULE H1 (FEC Form 3X)****METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
REPUBLICAN PARTY OF LOUISIANA

Transaction ID : H1.28088

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- ☒ \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐ **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 48 OF 60

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
REPUBLICAN PARTY OF LOUISIANANAME OF ACCOUNT  
REPUBLICAN PARTY OF LOUISIANA

DATE OF RECEIPT

MM / DD / YYYY  
01 / 06 / 2015

TOTAL AMOUNT TRANSFERRED

4369.55

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

4369.55

Transaction ID : H3.26619

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 49 OF 60

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
 REPUBLICAN PARTY OF LOUISIANA

NAME OF ACCOUNT  
 REPUBLICAN PARTY OF LOUISIANA

DATE OF RECEIPT

M M / D D / Y Y Y Y Y  
 01 / 15 / 2015

TOTAL AMOUNT TRANSFERRED

10712.43

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

10712.43

Transaction ID : H3.26620

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

15081.98

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred).....

15081.98

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 50 OF 60

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>DIRECT MAILING SERVICES, INC.</b>			<b>Transaction ID : H4.26640</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 12562 N. LAKE SHORE						Allocated Activity or Event Year-To-Date 6000.00		
City WALKER	State LA	Zip Code 70785				Date MM / DD / YYYY 01 / 02 / 2015		
Purpose of Disbursement: DIRECT MAIL CONSULTING								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
2160.00						=		
			3840.00			TOTAL AMOUNT		
						6000.00		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>RED CURVE SOLUTIONS</b>			<b>Transaction ID : H4.26641</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 500 CUMMINGS CENTER SUITE 4400						Allocated Activity or Event Year-To-Date 9000.00		
City BEVERLY	State MA	Zip Code 70802				Date MM / DD / YYYY 01 / 06 / 2015		
Purpose of Disbursement: COMPLIANCE CONSULTING								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
1080.00						=		
			1920.00			TOTAL AMOUNT		
						3000.00		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>AMEX</b>			<b>Transaction ID : H4.26622</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 777 AMERICAN EXPRESS WAY						Allocated Activity or Event Year-To-Date 9091.56		
City FT LAUDERDALE	State FL	Zip Code 33336				Date MM / DD / YYYY 01 / 09 / 2015		
Purpose of Disbursement: AMEX PAYMENT(SEE MEMO ENTRIES)								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
32.96						=		
			58.60			TOTAL AMOUNT		
						91.56		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3272.96		5818.60		9091.56

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 51 OF 60

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ALFORD SAFE &amp; LOCK</b>		<b>Transaction ID : H4.26623</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1758 GOVERNMENT ST					
City BATON ROUGE	State LA	Zip Code 70802			
Purpose of Disbursement: AMEX PAYMENT:SECURITY SERVICES				Allocated Activity or Event Year-To-Date 9091.56	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
32.96			58.60		91.56

<b>B. Full Name (Last, First, Middle Initial)</b> <b>AMEX</b>		<b>Transaction ID : H4.26624</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 777 AMERICAN EXPRESS WAY					
City FT LAUDERDALE	State FL	Zip Code 33336			
Purpose of Disbursement: AMEX PAYMENT(SEE MEMO ENTRIES)				Allocated Activity or Event Year-To-Date 11188.67	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
754.96			1342.15		2097.11

<b>C. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H4.26625</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 208 AKARD ST					
City DALLAS	State TX	Zip Code 75202			
Purpose of Disbursement: AMEX PAYMENT:UTILITIES				Allocated Activity or Event Year-To-Date 11188.67	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
116.28			206.72		323.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
754.96		1342.15		2097.11

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 52 OF 60

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>GOTOCITRIX.COM</b>		<b>Transaction ID : H4.26626</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 800 RANCHO SANTA FE RD				Allocated Activity or Event Year-To-Date 11188.67	
City SAN MARCOS	State CA	Zip Code 92078		Date <input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: AMEX PAYMENT:SOFTWARE SERVICES		<input type="text"/>			
Activity or Event Identifier: <b>Administrative</b>		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.64			31.36		49.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>COMCAST</b>		<b>Transaction ID : H4.26627</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address ONE COMCAST CENTER				Allocated Activity or Event Year-To-Date 11188.67	
City PHILADELPHIA	State PA	Zip Code 19103		Date <input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.60			134.40		210.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ENTERGY-BILLMATRIX UTILITY</b>		<b>Transaction ID : H4.26628</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 8750 N CENTRAL				Allocated Activity or Event Year-To-Date 11188.67	
City DALLAS	State TX	Zip Code 75231		Date <input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: AMEX PAYMENT:UTILITIES		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
290.20			515.90		806.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 53 OF 60

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>DIRECTV</b>		<b>Transaction ID : H4.26629</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2230 EAST IMPERIAL HWY					
City EL SEGUNDO	State CA	Zip Code 90245			
Purpose of Disbursement: AMEX PAYMENT:UTILITIES				Allocated Activity or Event Year-To-Date 11188.67	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
48.20			85.68		133.88

<b>B. Full Name (Last, First, Middle Initial)</b> <b>OFFICE DEPOT</b>		<b>Transaction ID : H4.26630</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. BOX 9020					
City DES MOINES	State IA	Zip Code 50368			
Purpose of Disbursement: AMEX PAYMENT:OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 11188.67	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
69.29			123.19		192.48

<b>C. Full Name (Last, First, Middle Initial)</b> <b>SUDDENLINK</b>		<b>Transaction ID : H4.26631</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 660365					
City DALLAS	State TX	Zip Code 75266			
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 11188.67	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
39.64			70.47		110.11

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 54 OF 60

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ADOBE SYSTEMS, INC.</b>		<b>Transaction ID : H4.26632</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 345 PARK AVE					
City SAN JOSE	State CA	Zip Code 95110			
Purpose of Disbursement: AMEX PAYMENT:SOFTWARE SERVICES				Allocated Activity or Event Year-To-Date 11188.67	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.72			33.27		51.99

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ALFORD SAFE &amp; LOCK</b>		<b>Transaction ID : H4.26633</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1758 GOVERNMENT ST					
City BATON ROUGE	State LA	Zip Code 70802			
Purpose of Disbursement: AMEX PAYMENT:SECURITY SERVICES				Allocated Activity or Event Year-To-Date 11188.67	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.96			58.60		91.56

<b>C. Full Name (Last, First, Middle Initial)</b> <b>BATON ROUGE COMMUNICATIONS</b>		<b>Transaction ID : H4.26634</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3773 HARDING BLVD					
City BATON ROUGE	State LA	Zip Code 70807			
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 11188.67	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.44			82.55		128.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 55 OF 60

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CHARLES ROBERT CARTER PROPERTIES</b>			<b>Transaction ID : H4.26635</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 12030 LAKELAND BLVD SUITE 101								
City BATON ROUGE	State LA	Zip Code 70809						
Purpose of Disbursement: RENT						Allocated Activity or Event Year-To-Date 13719.74		
Activity or Event Identifier: Administrative			Category/ Type			Date MM / DD / YYYY 01 / 09 / 2015		
FEDERAL SHARE			+			NONFEDERAL SHARE		
911.19						=		
			1619.88			TOTAL AMOUNT 2531.07		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>VISA BUSINESS</b>			<b>Transaction ID : H4.26644</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. BOX 23078								
City COLUMBUS	State GA	Zip Code 31902						
Purpose of Disbursement: VISA PAYMENT:(SEE MEMO ENTRIES)						Allocated Activity or Event Year-To-Date 13976.35		
Activity or Event Identifier: Administrative			Category/ Type			Date MM / DD / YYYY 01 / 14 / 2015		
FEDERAL SHARE			+			NONFEDERAL SHARE		
92.38						=		
			164.23			TOTAL AMOUNT 256.61		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>OFFICE DEPOT</b>			<b>Transaction ID : H4.26645</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. BOX 9020								
City DES MOINES	State IA	Zip Code 50368						
Purpose of Disbursement: VISA PAYMENT:OFFICE SUPPLIES						Allocated Activity or Event Year-To-Date 13976.35		
Activity or Event Identifier: Administrative			Category/ Type			Date MM / DD / YYYY 01 / 14 / 2015		
[MEMO ITEM]								
FEDERAL SHARE			+			NONFEDERAL SHARE		
20.58						=		
			36.58			TOTAL AMOUNT 57.16		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1003.57		1784.11		2787.68

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H4.26646</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 208 AKARD ST					
City DALLAS	State TX	Zip Code 75202			
Purpose of Disbursement: VISA PAYMENT:UTILITES				Allocated Activity or Event Year-To-Date 13976.35	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 14 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.80			127.65		199.45

<b>B. Full Name (Last, First, Middle Initial)</b> <b>VISA BUSINESS</b>		<b>Transaction ID : H4.26647</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. BOX 23078					
City COLUMBUS	State GA	Zip Code 31902			
Purpose of Disbursement: VISA PAYMENT:(SEE MEMO ENTRIES)				Allocated Activity or Event Year-To-Date 15219.83	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 14 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
447.65			795.83		1243.48

<b>C. Full Name (Last, First, Middle Initial)</b> <b>USPS</b>		<b>Transaction ID : H4.26648</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 2100					
City BATON ROUGE	State LA	Zip Code 70821-2100			
Purpose of Disbursement: VISA PAYMENT:POSTAGE				Allocated Activity or Event Year-To-Date 15219.83	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 14 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.69			42.11		65.80

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
447.65		795.83		1243.48

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>WALGREENS</b>		<b>Transaction ID : H4.26649</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 6515 SULLIVAN ROAD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City GREENWELL SPRINGS	State LA	Zip Code 70739		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: VISA PAYMENT:OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 15219.83	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 01 / 14 / 2015	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.56			49.00		76.56

<b>B. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H4.26650</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 208 AKARD ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City DALLAS	State TX	Zip Code 75202		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: VISA PAYMENT:TELEPHONE				Allocated Activity or Event Year-To-Date 15219.83	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 14 / 2015	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
307.38			546.44		853.82

<b>C. Full Name (Last, First, Middle Initial)</b> <b>LAKE CHARLES</b>		<b>Transaction ID : H4.26651</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 326 PUJO STREET				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City LAKE CHARLES	State LA	Zip Code 70601		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: VISA PAYMENT:UTILITES				Allocated Activity or Event Year-To-Date 15219.83	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 14 / 2015	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.58			31.25		48.83

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CLECO POWER LLC</b>		<b>Transaction ID : H4.26652</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 660228					
City DALLAS	State TX	Zip Code 75266			
Purpose of Disbursement: VISA PAYMENT:UTILITES				Allocated Activity or Event Year-To-Date 15219.83	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date MM / DD / YYYY 01 / 14 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
71.45			127.02		198.47

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ACADIAN RELIGIOUS &amp; GIFTS</b>		<b>Transaction ID : H4.26621</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2819 JOHNSTON ST					
City LAFAYETTE	State LA	Zip Code 70503			
Purpose of Disbursement: UTILITIES				Allocated Activity or Event Year-To-Date 15401.31	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
65.33			116.15		181.48

<b>C. Full Name (Last, First, Middle Initial)</b> <b>RED CURVE SOLUTIONS</b>		<b>Transaction ID : H4.26642</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 500 CUMMINGS CENTER SUITE 4400					
City BEVERLY	State MA	Zip Code 70802			
Purpose of Disbursement: COMPLIANCE CONSULTING				Allocated Activity or Event Year-To-Date 18401.31	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1080.00			1920.00		3000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1145.33		2036.15		3181.48

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CIT TECHNOLOGY</b>		<b>Transaction ID : H4.26637</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 550599					
City JACKSONVILLE	State FL	Zip Code 32255			
Purpose of Disbursement: EQUIPMENT LEASE: COPIER				Allocated Activity or Event Year-To-Date 19075.06	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date MM / DD / YYYY 01 / 20 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
242.55			431.20		673.75

<b>B. Full Name (Last, First, Middle Initial)</b> <b>CHARLES ROBERT CARTER PROPERTIES</b>		<b>Transaction ID : H4.26636</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 12030 LAKELAND BLVD SUITE 101					
City BATON ROUGE	State LA	Zip Code 70809			
Purpose of Disbursement: RENT				Allocated Activity or Event Year-To-Date 21306.13	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 30 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
803.19			1427.88		2231.07

<b>C. Full Name (Last, First, Middle Initial)</b> <b>CITY OF LAKE CHARLES WATER DIV</b>		<b>Transaction ID : H4.26639</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 326 PUJO ST PO BOX 1727					
City LAKE CHARLES	State LA	Zip Code 70602			
Purpose of Disbursement: UTILITIES				Allocated Activity or Event Year-To-Date 21324.98	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 30 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
6.79			12.06		18.85

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1052.53		1871.14		2923.67

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>SUDDENLINK</b>			<b>Transaction ID : H4.26643</b>			<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC								
Mailing Address PO BOX 660365														
City DALLAS		State TX		Zip Code 75266										
Purpose of Disbursement: BROADBAND SERVICES				<div>Category/ Type</div>		Allocated Activity or Event Year-To-Date 21496.99								
Activity or Event Identifier: Administrative						Date <div>MM / DD / YYYY</div> <div>01 / 30 / 2015</div>								
FEDERAL SHARE			+			NONFEDERAL SHARE			=			TOTAL AMOUNT		
61.92						110.09						172.01		

<b>B. Full Name (Last, First, Middle Initial)</b>						<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC								
Mailing Address														
City		State		Zip Code										
Purpose of Disbursement:				<div>Category/ Type</div>		Allocated Activity or Event Year-To-Date								
Activity or Event Identifier:						Date <div>MM / DD / YYYY</div>								
FEDERAL SHARE			+			NONFEDERAL SHARE			=			TOTAL AMOUNT		

<b>C. Full Name (Last, First, Middle Initial)</b>						<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC								
Mailing Address														
City		State		Zip Code										
Purpose of Disbursement:				<div>Category/ Type</div>		Allocated Activity or Event Year-To-Date								
Activity or Event Identifier:						Date <div>MM / DD / YYYY</div>								
FEDERAL SHARE			+			NONFEDERAL SHARE			=			TOTAL AMOUNT		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.92		110.09		172.01

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
7738.92		13758.07		21496.99